

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

Date Of Report	10/12/2018 13:01
Date Of Accident	09/12/2018 19:20
Exact Location Of Accident	AT JALAN STOREY AT JOHOR BAHRU
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKU5157H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHAU KIM WA
NRIC No	S2556563J
Email Address	KIMWA22@ICLOUD.COM
Mobile Phone No	(LOCAL) +65-91868875
Alternative Phone No	OFFICE-91868875

### Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	JETTA TSI (DSG) TRENDLINE
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A 80436572 AVW
Cover Note Number	

### Driver

Name of Driver	CHAU KIM WA
NRIC No	S2556563J
Date Of Birth	27/02/1962
Occupation	INDOOR
Date Of Driving Pass	19/03/1987
Driving Experience	31 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91868875
Fax Number	
Contact Number	OFFICE-91868875
Email Address	KIMWA22@ICLOUD.COM

Address	APT BLK 214 BISHAN ST 23 #03-215
Postcode	570214
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

### General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : LOH WAI FUN GENDER: : FEMALE

### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BISHAN NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 20 BISHAN STREET 23 , <b>POSTCODE:</b> 579757 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-5529999 - <b>FAX NO:</b> 65561905
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

### Circumstances of Accident

MORE DETAILS PLEASE REFER TO SKETCH PLAN

### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJB2265K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

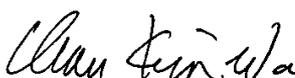
**SKETCH PLAN**

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8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**Personal Information**") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "**Insurers**"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "**Purposes**")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature  
Date & Time:



Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:







**SINGAPORE  
POLICE FORCE**



E/20181209/2068

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POLICE REPORT (NP299)

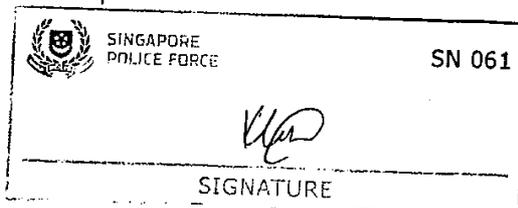
CONTINUATION OF REPORT

Report No. E/20181209/2068

of the scene and took my leave. I wish to state that I have an in car camera in my vehicle. I also wish to state that no one was injured at that point of time. I am lodging this report for my insurance claims.

Signature Of Officer Recording The Report: E / Sgt 2 KHAIRUL SYAZWAN BIN SAHAK <i>[Signature]</i>	Signature Of Informant: <i>[Signature]</i>
Signature Of Interpreter: Not applicable	Date/Time: 09/12/2018 22:11
Officer In-Charge Of Case: E / Tanglin Police Divisional Investigation Branch / Insp GOH WEI TAT Contact No.: 63910000	Classification Of Case:

Authentication Stamp



**MSIG**

Insurance (Singapore) Pte. Ltd.  
 100 Robinson Road, # 21-01, SGX Centre 2, Singapore 068807  
 Tel: +65 6827 7888, Fax +65 6827 7800  
 No. 200412212G GST Reg. No. 20-0412212G

**VW DRIVEEASY**

**RENEWAL CERTIFICATE**

Policy Number	Period of Insurance	Place of Issue
A 80436572 AVW	30/07/2018 to 29/07/2019	SINGAPORE
Name and Address of Insured		Date of Issue
Chau Kim Wa 214 Bishan Street 23 #03-215 Singapore 570214		14/06/2018
		Account Number
		156346
Premium	GST	Total Due
SGD771.58	SGD54.01	SGD825.59

**RISK NUMBER 1**

**VW DRIVEEASY**

**OCCUPATION**

Indoor Occupation

**FINANCIAL INTEREST**

DBS Bank Ltd  
 as Hire Purchase Owners

**SCOPE OF COVER** Comprehensive

**INTEREST INSURED**

**REGISTRATION NO.** SKU5157H  
**MAKE/MODEL** Volkswagen Jetta GP 1.4 TSI  
**ENGINE NUMBER** CAXF72046  
**CHASSIS NUMBER** WVVZZZ16ZFM047471  
**YEAR OF MFG** 2015  
**CAPACITY** 1390 C.C.  
**SEATING CAPACITY** 5 (INCL. DRIVER)  
**WINDSCREEN** UNLIMITED

**SUM INSURED** MARKET VALUE  
**INCL. COE/PARF** YES  
**OFF-PEAK CAR** NO  
**NO CLAIM DISCOUNT** 50.00% (or F/D)  
**GOOD DRIVER'S DISCOUNT** SGD40.61  
**NCD PROTECTOR** COVERED  
**EXCESS** SGD500  
**ANNUAL PREMIUM** SGD771.58

**ACCESSORIES** Aircon, radio/cassette/compact disc player, in-vehicle unit, rust-proofing and other accessories that are factory fitted.

**AUTHORISED DRIVERS**

Chau Kim Wa

Accident Photo



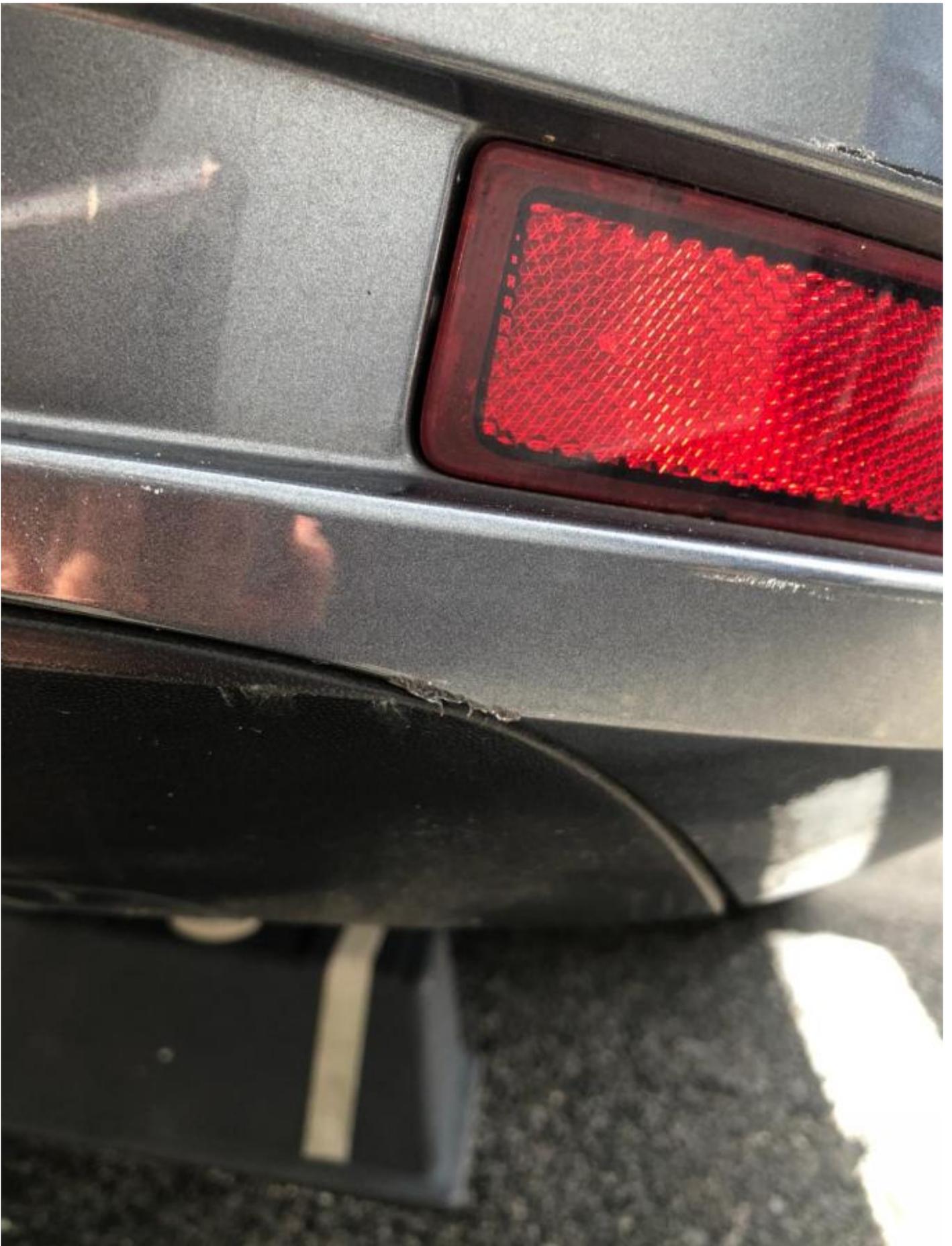
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Identification Card



Tel : 91868875

Email : KIM wa 22 @ icloud . com

## Driving License

